

STATE OF INDIANA

SS:

COUNTY OF _____

AFFIDAVIT
ONE AND THE SAME PERSON

NAME

ADDRESS

Deposes and says upon his (her) oath that:

NAME

and

NAME

Are one and the same person.

I the undersigned swear or affirm that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.

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